Download this form and then open the PDF version to sign and send electronically.

Loan for Disadvantaged Students Application Request

2026-2027 AID YEAR

Student Name: _____ Student ID#: _____

I am requesting the application for the **Loan for Disadvantaged Students**. I certify that I am aware of the following:

- I must be enrolled in the TCOM program
- I have an environmental and/or financial disadvantaged background
- If accepted, this loan must stay within my Cost of Attendance (yearly budget), and may require a reduction in other loan funds
- Additional paperwork will be required if the application is approved
- Parent tax data MUST be available to submit with full application, regardless of dependency status

Please sign the form electronically and submit using the button below. You may also print and sign the paper document. You can submit the paper application by email, postal mail, or in person.

Student Signature Date

****

Submit Completed Form

Contact Information:

UNTHealth Financial Aid Office
Student Service Center
finaid@unthsc.edu

Physical Address:
1051 Haskell Street
Fort Worth, TX 76107

Mailing Address:
3500 Camp Bowie Blvd
Fort Worth, TX 76107